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EARLY EXPOSURE Melania Osoria and her 5-month-old, Adalberto, taking part in Reach Out and Read. How babies interact with books can indicate development.

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Rx: Read to Your Baby

By LYNDA RICHARDSON

IT was another hectic morning in the pediatric clinic of Bellevue Hospital Center, where the clamorous waiting room had been transformed into a reading room. Toddlers sat crowded onto blue mats as volunteers read loudly from children's books. Dr. Perri Klass weaved in and out of the steady traffic of strollers. She hovered over one mat, where a 1-year-old named Bella used a pincer grip to lift a board book titled "Let's Go to the Park," pointed at pictures and then looked at her mother.

"Her ability to communicate and draw her mother's attention is totally on target," Dr. Klass said, nodding. "If you're a doctor, you don't have to wonder about her communication skills. And her fine motor skills are good."

The children's book, as it turns out, is a valuable tool for both parent and doctor. "Using the book, the pointing and identifying, is a way of helping parents understand the job of naming the child's world, helping the child learn that everything has a name," Dr. Klass said. "It's a big cognitive, developmental and communicative step. It's a huge step for a baby."

Bellevue is a leading laboratory in the promotion of early childhood literacy. Doctors at the hospital prescribe books as routinely as immunizations as part of a national nonprofit program called Reach Out and Read. They are taught to use those books to assess a child's development, including fine motor skills in the way a child holds the book. Doctors also evaluate language, social and emotional skills based on the way the child communicates about the book with parents.

By melding reading into the practice of pediatric medicine, Reach Out and Read aims to bring about a new understanding of what the pediatrician's role should be, said Earl M. Phalen, the organization's chief executive, who was visiting the Bellevue pediatric clinic from the program's Boston headquarters on a recent morning. "We're absolutely trying to change the way doctors are trained," he said, "because we know and pediatricians know that one of the most important things they can do to impact the long-term health of their patients is to make sure their patients are literate."

Mr. Phalen, an energetic man who was a foster child, has been mentoring schoolchildren, many of them poor, since he was a Harvard law school student in the early 1990s. He said nearly half of the funds for Reach Out and Read come from the federal government, and it has been incorporated into more than 80 percent of the nation's pediatric residency programs. It is part of the curriculum at New York

University, where Dr. Klass teaches pediatrics and journalism (she contributes a monthly column to The New York Times on youth and medical issues) and lectures on promoting literacy in primary care. She is the national medical director of Reach Out and Read.

The program's strategy was developed in Boston in 1989. Nearly 7 million free books are handed out a year, to 3.8 million children, most from low-income families. Patients receive books at every checkup from 6 months to 5 years of age. Doctors are trained to give age-appropriate advice to encourage parents to read to their children.

"From everything we know about brain development, children can learn skills that lead to reading right from birth, and it's important especially in the first three years of life," said Dr. Barry Zuckerman, who along with Dr. Robert Needlman founded Reach Out and Read. "It's a special opportunity for pediatricians because pediatricians see children frequently and parents value their suggestions."

Increasingly, research has supported the idea that children should be exposed to a language-rich environment as soon as they are born because it can significantly improve cognitive and language development and readiness for school.

In an influential 1995 study by child psychologists at the University of Kansas, vocabulary growth was shown to differ sharply by class. By age 3, children whose parents were professionals had vocabularies of about 1,100 words, and children whose parents were on welfare had vocabularies of about 525 words. The researchers concluded that the size of each child's vocabulary correlated most closely to the number of words the parents spoke to the child. Low-income children hear as many as 30 million fewer words than their more affluent peers before kindergarten.

And it's not only the quantity of the words but the quality that counts, said Harriet Meyer, head of Ounce of Prevention, a nonprofit organization.

"You find mostly directional language among the poor — 'Go over there,' 'Sit down' — and not those questions so common in middleclass families, like 'What shape is the Cheerio? Is it round or spherical?,' representational versus directional, open-ended questions. Children learn there's a much bigger world than the small one they appear to live in."

The literacy problem is compounded by the lack of children's books in low-income homes, where reading is often not a parental priority.

"When we talk about developing literacy," said Jacqueline Jones, senior adviser for early learning at the United States Department of Education, "we have to understand it has to be grounded in a rich language understanding so that young children, and infants, need to be surrounded by people talking and talking a lot."

Back in the waiting room at Bellevue Hospital, Monica Bastidas, Bella's mother, said a bit sheepishly that she was never able to find the time to read to her daughter. That is, until the pediatrician impressed upon her its importance. "I wasn't doing it until they encouraged me. It was like, 'I do have to read to my baby.' I go a lot by the doctor. The doctor is telling you to do it for a reason, and you take it more seriously."

Smiling, Ms. Bastidas said the results are clear to see. "Every time I get a new book, she gets excited," Ms. Bastidas said. "She can share a toy with another kid but she won't share a book."

A dozen peer-reviewed academic studies have found the program to be not only effective in increasing the frequency of parents reading to children — parents were four times more likely to do so — but also in increasing language development.

During lunch hour at Bellevue not long ago, about two dozen pediatric residents packed into a conference room. Some looked sleep-deprived as they popped open soda cans and grazed at a buffet of sandwiches, eggplant lasagna and salad. They flipped through children's board books — "Corduroy," "Brown Bear, Brown Bear, What Do You See?" — on display on a long table.

They were attending Dr. Klass's lecture, "Reach Out and Read in the Exam Room: Making It Work." A few blocks away, at the Tisch Hospital at N.Y.U., another dozen residents watched Dr. Klass's PowerPoint presentation by videoconference.

"We think of ourselves as busy professionals, and why do this in a clinical setting?" Dr. Klass began. "For many families, the primary care practitioner and the people in the clinics are the people that they're seeing most frequently in the early years of life."

Dr. Klass ticked off a child's development steps and how a board book could be used to keep track of such things as gross motor skills and fine motor coordination: a 6-month-old puts books in the mouth, a 12-month-old points with a finger, an 18-month-old can turn the pages, a 2-year-old may not sit still or listen to a reading.

"The book isn't going to be a separate category," Dr. Klass said. "It's going to be used for everything you're talking about in a well visit."

Jason Greenberg, a third-year pediatric resident at N.Y.U. wearing blue scrubs and a backpack, was among the attentive listeners. He had already put her training to use.

The other morning, the doctor closed the office door behind Melania Osorio, the young mother of Adalberto, a chubby 5-month-old in a bright yellow outfit. Dr. Greenberg checked Adalberto's weight, height and head control, and presented the mother with a brightly colored board book, "Bebés del Mundo."

"You can go through the book to point to certain things and say the letters and words and stimulate knowledge of language," Dr. Greenberg told her. "The more you talk to them, the more you stimulate them."

The infant grabbed the book, peered at it upside-down, then promptly put it into his mouth. "It's a normal response at this age," Dr. Greenberg said, smiling reassuringly at the mother.

Lynda Richardson is an assistant editor at The Times.

This article has been revised to reflect the following correction:

Correction: April 24, 2011

An article last Sunday in the special Education Life section about the national nonprofit program Reach Out and Read, in which doctors promote early childhood literacy, misstated the area where Bellevue Hospital Center is located. It is the East 20s, not Lower Manhattan.